



TRANSITIONAL AID REQUEST

CHILD ADVOCACY CENTER INFORMATION

| | | | |
|--|--------|--|---------|
| CAC Name | | | |
| Mailing Address (for checks): | | | |
| City: | State: | ZIP Code: | County: |
| AGENCY CONTACTS | | | |
| Advocate Name: | Phone: | Email: | |
| CAC Director Name: | Phone: | Email: | |
| CASE INFORMATION | | | |
| Date Report Made to CAC: | | Case Number Assigned: | |
| Does this report allege sexual abuse? Yes / No | | Alleged Abuser's Relationship to Child: | |
| Child's Age and Gender: | | Number and Ages of other children in the home: | |

CURRENT FINANCIAL STATUS

| MONTHLY EXPENSES - (USE WHOLE NUMBERS) | | MONTHLY INCOME + ASSETS - (USE WHOLE NUMBERS) | |
|--|--|---|----|
| | | Monthly Employment Income (Net) | \$ |
| | | Other Monthly Income | \$ |
| Other: | | Other: | \$ |
| Other | | Other: | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| <i>Total Monthly Expenses</i> | | <i>Total Current Assets</i> | \$ |

| SACRED REQUEST | | | |
|----------------|--|-------------|----------------------|
| Expense Type | Amount (Use Exact Dollar Amount due to Vendor) | Vendor Name | Brief Description |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | TOTAL REQUEST |

BRIEFLY DESCRIBE HOW THE INVESTIGATION INTO THE SEXUAL ABUSE ALLEGATION(S) IS IMPACTING THE FAMILY'S IMMEDIATE FINANCIAL WELL-BEING. NOTE ANY URGENT FINANCIAL NEEDS RESULTING FROM THE INVESTIGATION. IF THE FAMILY HAS RECEIVED SACRED SUPPORT PREVIOUSLY, LIST: MONTH/YEAR, AMOUNT RECEIVED AND FOR WHAT EXPENSE(S): (Use back of page if needed for more writing space.)

Signature of CAC Staff Making Request: _____

Date: _____

If approved, a check will be sent made payable to the legal entity as listed.
 Following payment to the vendor(s), documentation of payment including Case Number must be returned to SACRED.

Questions? Contact SACRED at info@kidsaresacred.org

| | | |
|----------------------------|-------------------|------------------------|
| <i>FOR SACRED USE ONLY</i> | | Date Request Received: |
| Approved? Yes / No | Amt. Approved: \$ | Approved Expenses: |
| Check Number: | Check Mailed: | Date Receipt Received: |
| Notes: | | |